

# CHIARAVALLE MONTESSORI SCHOOL

## Parent Questionnaire for Parent/Child, Toddler and Early Childhood Applicants

Name of child \_\_\_\_\_ Today's date \_\_\_\_\_

Present age \_\_\_\_\_ Birthdate \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

How long has your child lived at present address? \_\_\_\_\_

Does your child have neighborhood playmates? \_\_\_\_\_

How many siblings? \_\_\_\_\_ brothers \_\_\_\_\_ sisters

Your child is \_\_\_\_\_ the oldest \_\_\_\_\_ the youngest

\_\_\_\_\_ only child \_\_\_\_\_ other

### Child's History

Is there anything about the mother's pregnancy or delivery with the child that we should know? \_\_\_\_\_

What was the infant method of feeding? breast \_\_\_\_\_ bottle \_\_\_\_\_

until what age? \_\_\_\_\_

Please indicate the age at which your child: sat \_\_\_\_\_ crawled \_\_\_\_\_

walked \_\_\_\_\_ talked \_\_\_\_\_

### Medical History

Please list any serious accidents, illnesses, injuries or allergies, and when they occurred:

Accidents \_\_\_\_\_

Illness \_\_\_\_\_

Allergies (food, medication, etc.) \_\_\_\_\_

Is your child taking any medication? If so, please state:

Child's health is: good fair poor

Does child have a speech or hearing problem?

Speech: yes no Hearing: yes no

Does your child have any other physical problem?

Describe your child's health and food habits and preferences:

over

**Personal History**

Are languages other than English spoken in the home?

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Do people other than family members or caregivers understand your child's speech?

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How much time does your child spend in the care of others?

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Who are they? (grandparents, sitters, etc.)

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Please tell us about your child. What do you see to be his or her strengths or weaknesses?

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How would you describe his or her personality?

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Do you have any particular concerns about your child's academic or social/emotional development? If more than 3 years of age, does he or she play with other children?

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Has your child ever been recommended for any type of educational or developmental screening? If so, describe.

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Can your child undress? Which articles of clothing can your child put on by himself or herself?

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Is your child using the toilet? If not, has the process begun?

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What is your knowledge of Montessori?

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What are your expectations of this program?

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Are you considering Montessori education through kindergarten? \_\_\_\_\_ elementary? \_\_\_\_\_  
middle school? \_\_\_\_\_

Additional comments:

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